


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001198 (9)**

1. Corporation Name

~~EAST LAKE PRESBYTERIAN CHURCH, INC.~~

**LAKE SIDE PRESBYTERIAN CHURCH U.S.A., INC.**

Principal Place of Business

**505 EAST LAKE RD N  
SUITE 112  
TARPON SPRINGS FL 34689  
US**

Mailing Address

**505 EASTLAKE RD N  
SUITE 112  
TARPON SPRINGS FL 34689  
US**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip Country

**29**  
Country

3. Date Incorporated or Qualified  
**03/13/1995**

3a. Date of Last Report  
**02/14/1996**

4. FEI Number

**59-3306197**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**JOHNSON, PEYTON  
505 EAST LAKE RD N  
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **KOCH, JAMES**  
STREET ADDRESS **3226 CRESCENT OAKS BLVD.**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **DS** ☐ DELETE  
NAME **MCBEE, ROBERT**  
STREET ADDRESS **3167 EDMOND DR.**  
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **DT** ☐ DELETE  
NAME **HOMER, BOIS**  
STREET ADDRESS **1243 MARAVISTA DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DVP** ☐ DELETE  
NAME **STEWART, CHARLES**  
STREET ADDRESS **4051 EAGLE COVE DR EAST**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Bois, HOMER**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HOMER BOIS, TRAS.**

**1/27/97 813-372-6798**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0070650**

CR2E037 (9/96)